The MEDICAL MISSIONARY

Student Nurse at the Holy Family Hospital with one of her charges

Vol. IV. JANUARY, 1931 No. 5

CATHOLIC MEDICAL MISSION PUBLICATIONS OF 1930

ONE of the signs that Medical Missions are developing is the growth of publications on the subject. Whilst sporadic articles have appeared in the press for the last twenty years or more, there was practically no Catholic Medical Mission literature. Some years ago the Medical Mission Board of New York published an interesting volume entitled **Medical Missions,** compiled by Mr. Floyd Keeler. During the last year four books relating to Medical Missions have appeared. All are in French, which shows that the oldest daughter of the Church, who has produced numerous missionaries, many of whom are Saints and martyrs, holds aloft the flame of charity to guide and help others.

"Medicine in the Missions," a substantial volume of 256 pages, contains the conferences given on the subject in the "Catholic Institute of Paris" in 1928 and 1929. In the introduction Most Rev. Monsignor Le Roy, Archbishop of Carie, says, among other things, . . . "the importance of medicine in the missions can not be denied. It is above all a practice of Christian charity. As soon as a mission station is established, people suffering from various afflictions appear on the scene. If they are well received, if their pains are relieved, if they are cured, the place becomes another fountain of 'Siloë,' where a crowd of sick and lame and infirm gather to await the passage of the angel. The angel in this case is the Medical Missionary."

As some of our readers may be interested, for the purpose of reference, we give the subjects and authors of the conferences: **"Pius XI and Medicine in the Service of the Missions,"** by Don Ugo Bertini, under-secretary of the supreme council of the Propagation of the Faith.

"Leprosy," by Rev. Mother Catherine, assistant general of the Sisters of St. Joseph of Cluny, Chevalier of the Legion of Honour.

"Medical Aid in Catholic Missions," by Professor Havet, of the University of Louvain.

"The Sisters of Saint Paul of Chartres in Hospitals in the Missions," by Monsignor Gaudron, Vicar General of Chartres.

"Purulent Ophthalmia and Our Dispensaries in Egypt," by Mother Emmanuel, Secretary General of the Congregation of the Sisters of Our Lady of the Apostles.

"Article on the Depopulation of French Equatorial Africa," by Rev. R. P. Briault, of the Fathers of the Holy Ghost.

"In the African Bush: the Sick and Their Nurses," by Sister Marie Louise Anne, of the Sisters of Our Lady of Africa.

"Sleeping Sickness," by Rev. R. P. Greffier, of the Fathers of the Holy Ghost (who was himself attacked by the disease).

Another interesting book which we already reviewed in our pages and which was mentioned in a recent issue of the Commonweal is: **"Pius XI and Medicine in the Service of the Missions,"** by Don Ugo Bertini. Besides being an exposition of the mission field, it gives an account of efforts made in various countries and by different societies and organizations both old and new.

"The Medical Breviary for Missionaries and Colonists," published by a group of professors of the Faculty of Medicine of the University of Lille, must be eagerly welcomed by missionaries who can read French. It is a portentious volume of 736 pages, with 264 illustrations giving the essentials of anatomy, physiology and first aid, and the pathology, diagnosis and treatment of medical, surgical and tropical diseases. The last chapters deal with medical therapeutics, hygiene, nutrition and diseases of the eye. Altogether it is a comprehensive, practical book in which missionaries and colonists will find what they need for themselves and their neighbors, and it is greatly to be desired that English-speaking missionaries be given a similar guide book for medical work. Few, if any, missionaries can escape being called upon to help the sick. The more efficacious their treatment the more will they be in demand and the more will they win the confidence and the hearts of the people. Besides it is recognized more and more that with knowledge and proper precautions the health of the missionaries can be preserved, which in itself is an important step forward. The authors are to be congratulated for having rendered this service to the missions.

The latest publication on Medical Missions is a thesis presented by an enterprising young Catholic French lady: Dr. Arlette Butavand, at present intern at the Municipal Hospital of Lyons. Her subject is: **"les femmes medecins-missionnaires"** (Women Mission Doctors) (published by Bosc Frères et Riou, 42 Quai Gailleton, 42, Lyon). The first chapters of the book deal with the field in general, such as hygiene and pathology in the missions and the medical work of government, philanthropic and commercial organizations.

In the article on the task of the missionary woman doctor, the conditions of women and children in Africa, China and India, with special reference to Mohammedan countries, are dwelt upon, showing the great field and need of the woman doctor in the missions.

In the second part of the thesis, Protestant and Catholic Medical Missions are described. According to the latest official statistics, there were 356 Protestant women doctors in the missions; of all countries, America sent the most. The many hospitals and dispensaries, the medical schools for women and training schools for native nurses, the work for lepers, etc., carried out by Protestant missionaries all are mentioned with great appreciation.

Dealing with Catholic Medical Missionaries, the author gives a résumé of the history of the care of the sick through the centuries of the Christian era up to our day. Of the 447 congregations of Sisters who labor in the missions, the majority have some works of mercy for the sick. Catholic Mission hospitals are said to number 691, dispensaries 1,848, and leper asylums 81. (Editor's note: The term "hospital" should only be applied if a doctor attends regularly. Exactly in how many this is the case has not been possible to ascertain yet.)

The mission congregations mentioned as taking a prominent share in the care of the sick in the missions are: The Sisters of St. Joseph of Cluny, the Catechists of Mary Immaculate, the Good Shepherd nuns in Bangalore, the Franciscan Missionaries of Mary, the Sisters of Jesus, Mary and Joseph, the Sisters of Charity of Jesus and Mary. The Sisters of Charity of St. Vincent de Paul and the Franciscan Sisters of Mill Hill and others could be added.

As societies specifically for the care of the sick in the missions are mentioned the Institutum Deiparae, of Glasgow, Scotland, and ours. The last chapter is devoted to the lay movement, mentioning particularly the Medical Mission Institute of Würzburg and the Aide Medicale aux Missions of Belgium. Already Würzburg has sent twenty doctors, two of whom are women, to the field, and Belgium ten. Certainly great achievements, considering the short existence of these movements.

The concluding chapter shows the result obtained: the foundation of hospitals and medical schools and training schools. The most important factor seems to be the influence gained over thousands who were

The MEDICAL MISSIONARY

Published with ecclesiastical approbation ten times a year by the Society of Catholic Medical Missionaries, Inc., Brookland, Washington, D. C., in the interest of Medical Missions and Women of the Orient. Subscription, $1 per year.
Editor: Dr. Anna Dengel

"Entered as second-class matter September 11, 1928, at the post office at Washington, D. C., under the Act of March 3, 1879."

EDITORIALS

A NEW YEAR'S WISH

MAY the New Year bring many blessings, spiritual and temporal to our friends and readers. This is our sincere hope and fervent prayer.

A CHAPTER ON COOPERATION

Looking back on a year is like looking on a mosaic. It seems made up of innumerable pieces of all colors, shapes and sizes. In the case of our Society, many hands, hearts and minds have contributed their quota, with the result that we can look back on a year of many blessings and progress.

During this as in former years, thanks to the kindness and continued interest of the Holy Cross Fathers, we had Holy Mass every day in our Chapel and regular religious conferences. A number of priests who are members of the Eucharistic Branch of our League of Gratitude offered up the Holy Sacrifice for the members of the Society and our benefactors. The Sisters of contemplative and active orders, who belong to Our Lady's Branch of the League of Gratitude, and many children, helped us again with their spiritual alms of prayers and sacrifices.

Our old friends stood by us most wonderfully and in spite of the world-wide financial stringency we were able, thanks to the generosity of our benefactors, to enlarge our hospital for women and children in the Punjab, and to treat a greater number of patients. Baptisms have increased accordingly. During this year we also started our second mission in Bengal.

Boxes of medicines and supplies donated by hospitals and the Medical Mission Board in New York, altar linens and miscellaneous gifts in kind for chapel, house and hospital, all have enabled us to do and to accomplish so much more.

The Little Flower circle of Harrisburg, whose founders and members are numbered among our oldest and most faithful friends, and Very Rev. Father Paul S. A., through the Union-that-Nothing-be-Lost, sent us regular monthly contributions. Friends in Washington have periodically replenished our larder, made surgical dressings for our hospital in India and helped us in ways that only local friends can do.

The Sisters of Notre Dame, of Trinity College, and the Blessed Sacrament Sisters, have been most generous in their daily hospitality to our student missionaries.

Recently a Thrift Shop has been started in New York; our Society is one of its beneficiaries, as stated in the last number of the magazine.

Then there are our subscribers who prove their interest by renewing year after year and who *pat* us on the back (which most of us like once in a while) telling us how they look forward every month to THE MEDICAL MISSIONARY.

Among our greatest benefactors and friends are those who think and plan with us, and who share our desire for the expansion of our work, who make sacrifices of time and effort, to give a push here and a push there.

We want to add a special word of thanks to the directors of the Propagation of the Faith; periodically we tell them of our hopes and plans and almost in the same breath of our needs. They are glad to help us when they can; they are sorry when their stringless gift fund is exhausted.

Last but not least we are anxious to tell the missionaries, who asked us to take up the care of the sick, in some form or another, in their respective dioceses, that we appreciate their calling on us, and that the greatest sacrifice we have to make is that, on account of the fewness of our number, we are obliged to refuse at present to go into the promising vineyards which they hold out to us.

It is absolutely impossible for us to enumerate the varied and many kinds of encouragement and cooperation we have received and to thank EACH and EVERY benefactor adequately. We express our sincere gratitude as much as is possible in words. The reward is in God's hands. It is the safest and most generous treasury.

Our final word is an earnest plea to continue to help us in every shape and form, through prayer and sacrifice, through personal cooperation with donations monetary and in kind, and by spreading interest to make it possible to bring the greatest gift of all, Our Holy Faith to a greater number and to relieve more suffering, help more mothers and children and make more little corners of the world holier, happier and healthier, all *ad Majorem Dei Gloriam.*

SAMARITANS IN FAR OFF RAJPUTANA

By Rev. Father Egidius, *O. M. Cap.*

IN THE south of the vast territory of Rajputana and Central India is our "Bhil" Mission.

The Bhils are the aborigines living in the hilly tracts of South Rajputana and Central India. There are about 500,000 Bhils in our mission.

Rev. Father Charles over thirty years ago started the evangelization of this primitive people of Thandla, a little town in Jhabua State, a few miles from the main line Bombay Delhi B. B. & C. I. Ry., between Rutlam and Godhra.

After the various incidents of a difficult apostolate, after two terrible famines, many epidemics of cholera and influenza, after difficulties of all sorts, there are now four stations in Jhabua State: Thandla, Jhabua, Rambhapur and Bhagor, where, through God's grace, are flourishing mission-works: schools, dispensaries, hospitals.

I will speak only of the dispensaries in the Bhil mission. How precious they are for the poor Bhils. The Bhils are the last people in the world to be able to look after themselves in sickness.

In the very beginning of his apostolate, Father Charles was greatly helped by his much devoted companion, Brother Meinrad, who was in charge of the first dispensary at Thandla. He was so kind, so patient with everybody that his fame of *great doctor* rapidly spread in the district. They called him "Dokra Doctor," that is to say, the "old doctor." After three years of arduous work and great privations the good "old doctor" died victim of his charity in September, 1900.

Soon after, when the Franciscan Nuns came to Thandla to open a boarding school for the little Bhil girls, one Sister, Sister Gertrude, took the succession of the good "old doctor," and now, after more than twenty years in the service of the poor Bhils, she is still in charge of the dispensary at Thandla giving medicines to a great number of patients coming from ten miles and farther.

Thanks to some generous donations a little hospital has been added to the dispensary. Oh! only a hospital built according to the "Bhil" style; a big hut comprising three rooms. The walls are made of wattled branches besmeared with a mixture of mud and cow-dung. The roof consists of thin rafters covered over with rough country tiles. Primitive as it is that hospital is a great help to the poor Bhils, especially during the epidemics which are so frequent in this country.

The Bhils believe that every illness is brought about by some evil spirit which they call "Bhut" and this is why they resort to so many practices of sorcery to drive away the devil.

But they have also very queer remedies. Really some prove successful. Here is an instance related by a missionary who has been working in the Bhil land for many years.

The patient in question was a little Bhil boy three years old. His head was full of sores or rather his whole head was one sore, full of pus. For four months the missionary tried every possible remedy to cure him, but in vain.

(Continued on page 6)

BHIL DISPENSARY PATIENTS WITH THEIR DEVOTED SAMARITAN, SISTER GERTRUDE. WHO HAS BEEN RELIEVING THEIR SUFFERINGS FOR THE LAST 20 YEARS, DAY IN AND DAY OUT

A SMALL HAREM

By Dr. Anna Dengel

NEW YEAR'S DAY is a legal holiday in India and all public offices are closed. Our Rawalpindi dispensary came under that category. Legal holidays, however, do not stop doctor's calls, and the day was still young when a tongawalla brought a chitti (a note) from a native doctor asking me to see a lady in the native city, as he, being a man, could not examine her.

I took my bag and mounted the tonga. Driving along, I could not help noticing the big patches of yellow paint on the white horse, which probably did not appreciate the decoration.

We stopped at the Hakim's (native doctor) shop; with the best will in the world, you can not call it anything else. There quinine, and sarsaparilla, ginger and cardamoms, cloves and bael fruit, leeches and—surprise of surprises—the latest American, English, and German patent drugs are sold; abscesses are opened in public, the cautery applied frequently and freely, drops put into eyes, and even injections given amid dust and dirt. The Hakim was a very pleasant man and a favorite doctor in the bazaar. He was a Sikh, and as such was obliged to wear long hair, which was brushed forward and held together by a comb above the forehead. As I arrived I could just hear him say to a patient: "I swear by my beard, if you take this bottle of medicine you will be a new man." This brilliant stroke of business accomplished, he salaamed and soon was with me in the tonga. On the way to the city he told me that we were going to a rich Mohammedan household, the owner of which possessed two wives. Everything else I had to find out for myself.

ALL DRESSED UP AND NOWHERE TO GO

The house was a regular fortress, four stories high. The staircase was narrow and most of the rooms irregular and dark. The gentleman of the house, a man of handsome features and dignified bearing, conducted us to a veranda, where a woman appeared, who brought me into the zenana quarters. The men remained behind. The room was light and airy and full of women, who were sitting on a nice carpet along a wall; some were leaning back on long bolsters. Two or three stood up and conducted me to a seat. Although Mohammedan women are extremely reserved with men, even their own relatives, they are not so among women. It does not embarrass them in the least to tell their complaints and be examined in the presence of women, no matter how large the audience.

The essence of the trouble was that both wives had no children and they dreaded that a third wife would come into the house. Although recognized by Mohammedan law, polygamy is by no means a desired state of affairs with the women, as a rule. The general health of the two ladies was not good. Being the wives of a rich man, they were obliged to observe purdah (seclusion) very strictly. They never went out for a walk or a drive; their food was cooked for them and their clothes made for them, and, as they were not able to read or write, there was plenty of time left for them to ponder over their sad fate. Their gold-embroidered velvet trousers and kurtas were a consolation, but a poor one. They could not even avail themselves of their husband's country house, which was a regular palace, surrounded by a beautiful enclosed garden with a Persian wheel well, and full of shady trees. "Why don't you go out there for a change of air?" I said. "Our jewels might be stolen," was their reply.

From New Year's Day to New Year's Day they never leave their home. They have beautiful clothes and many sparkling jewels, and plenty of food; but their life is one of physical and mental stagnation. Their bodies suffer from over-rest and over-feeding; their minds and souls from starvation. In their trials and sorrows they can only fall back on Kismet (fate).

By degrees the onlookers and listeners became lively, too, and told me their troubles; one had goitre; another diabetes and some skin trouble that would not heal; another had bad teeth; another cataract; another consulted me about her child. I realized that if I were the physician of the household I would be the busiest person in it.

The timidity and shyness disappeared and, as I made signs of leaving, more and more of them besieged me, asking me all sorts of questions about myself and Valayiat (Europe). Most of them had never spoken to a Christian woman before. One thing did not appeal to them about me: I wore no jewels. One of them had a great desire to put some on me to see how it would look. So my forehead and ears were bedecked, also my neck, wrist, and fingers. The nose, toes and ankle rings had to be imagined. They thought that I looked ever so much better, and it gave them great pleasure to see me thus arrayed. I was glad that I was a woman and a doctor, for only this combination allowed me to bring a little help and cheer among them. They wanted me to take pan (betel-nut, etc.), but having already spent so much time with them I was afraid that my friend, the old doctor, would like to return to his work. Our New Year's Day did not affect him very much; for him, April is the beginning of a new round of days. But he and the owner of the house were not in the least perturbed about my delay. In the East, people are not in a hurry.

On my way home the doctor showed me a letter from his son, who was studying engineering in England. He could not refrain from alluding to the costly and pompous marriage ceremony held before his departure. I said, "Why did he not wait until after his return? He would be self-supporting then, and the years of separation would be avoided." He answered, "The purpose was to prevent him from bringing home a foreign wife."

Mere onlookers of the Oriental comedies and tragedies of life are no doubt often puzzled at the apparent unreasonableness of what they see and hear, but the closer one comes into contact with them, the more one realizes that there is a reason behind everything, and oftener than not a good one.

THE SOCIETY AT HOME AND ABROAD

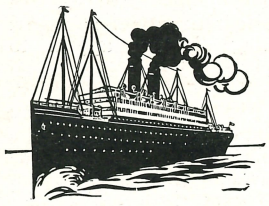
CHRISTMAS has come and gone. It is a time when one experiences more than ever the happiness and privilege of belonging to a religious family of one heart and one spirit. As in previous years, Very Rev. Michael Mathis, C. S. C., invited us to Midnight Mass at the Holy Cross Foreign Mission Seminary and celebrated the third Mass in our Chapel.

Our beautiful Christmas Crib, the figures of which are exquisitely carved in wood by a Tyrolese artist, is not only a delight to our missionaries, but also to our visitors.

Although our house is off the beaten track, Santa Claus found us and was rather out of breath when he arrived on account of the weight of his gifts: one was a beautiful Crucifix for the chapel, another a player piano which was not only hailed with delight by the musicians of the Society, but made great use of during the holidays.

Our Christmas turkey was a champion; it weighed seventeen and a-half pounds. We did not fail to say three cheers for the donors, not to mention the usual prayer after meals for our benefactors:

"Vouchsafe, O Lord, for Thy Name's sake to reward with eternal life all those who do us good."



The departure of our four missionaries is fixed for January 23. The departure ceremony will take place on January 22, at which the missionaries renew their Solemn Promise and the mission oath by which they promise to go to any country assigned to them by the Superior of the Society.

Our Sisters will go via Rome to Bombay and from there fifty-four hours by train to Rawalpindi. As they will spend two nights in the train they will have to carry their own bedding, as is customary in India. Often people also carry their own water. Special earthenware receptacles are offered for sale at the more important railway stations. Larger railway stations have arrangements for baths, to give travelers a chance to cool off. Windows in the Punjab mail train have not only ordinary white glass panes, but also smoked glass, to minimize the glare, and screens and shutters to provide for all exigencies. There are special compartments for women, to give the purdah and other ladies a chance to travel in comfort and privacy. There are also electric fans and the conductors are very helpful and polite, so that traveling in mail trains in India, apart from the unavoidable heat at certain times of the year, is not a particular hardship.

A CORNER OF OUR STUDY

Sister M. Therese writes from Rawalpindi . . . At times a compass would be very useful. A few days ago we had a Mohammedan patient for an abdominal operation, who requested to be put on the operating table with her head turned to Mecca. Of course, we gladly granted this request.

We are planning a Christmas party for about fifty Indian Catholic children. They will have tea, buns, sweets, and each will receive some little gift. Please tell your friends that we would be so glad to get some toys and Christmas cards, especially those with religious pictures; I mean used ones, of course. You will probably think it strange that I have next Christmas in mind already, but it takes so long to get things, and time flies, especially out here.

SAMARITANS IN FAR OFF RAJPUTANA

(Continued from page 4)

At last, the father of the boy told the priest: "As your English remedies are so useless and do not bring any relief to my son, I will try our 'Bhil remedy.'"

"All right! and what is it?"

"The warm stomach of a newly killed goat. It will cure him in one day."

"You, old silly," said the Father, "do you believe such humbug?"

"Yes," replied the father of the child, "I do, and you will see."

On the following day, he killed a goat, opened it at once, and extracted the stomach. Without delay, he made in that stomach still full of half-digested food a longitudinal cut; then opening it he put it on the head of his boy so as to imprison in it the whole of the skull.

It was a funny head dress, warm, juicy, sticky.

On the following day, when he took off that big "plaster" and washed the head of the child, the sores were entirely clean and a healthy-looking skin was growing.

The boy was absolutely cured, and since that day (this took place five years ago) not a single sore has ever appeared on his head.

MEDICAL MISSION NOTES

HELPING MOTHERS AND THROUGH THEM THE WHOLE FAMILY

In the *World's Children,* we read that the city of Vienna, Austria, has started schools for mothers in which they are taught about nutrition and nutritional disturbances, infectious diseases and protective inoculation, care of the newborn and of well and sick children, mental hygiene of children and the hygiene of sleep. Lessons on children's songs and games and the making of children's clothing may be added. The courses are under the direction of a woman physician and a woman welfare-worker.

SEWING CLASS AT ONE OF OUR HEALTH CENTERS IN DACCA, BENGAL

Something similar is being done on a small scale by our Sisters in Bengal, India. As more nurses join our Society, we hope to extend maternity and child welfare work, as it seems such a fundamental way of helping, and of weeding out injurious practices, prejudices and superstitions and of clearing the ground, as it were, for higher things.

WHAT EVEN BANDITS AND BOLSHEVIKS SPARE

In these dangerous times it is important to have dispensaries. Experience has proved that they are a great safeguard in the missions everywhere. The Mother Provincial of the Franciscan Missionaries of Mary says "the dispensary saved us every time." It seems as if kindness to the sick and suffering appeals even to bandits and bolsheviks, though many wouldn't give them credit for such tender feelings. No doubt the fact of having a convenient place, where they themselves can hie to, for necessary repairs weighs with them. Anyway, whatever the reason is they don't interfere. We might have a chance of converting some of them when they come for "yo" (medicine), if only you would pray hard enough. We must pray also that God will send us nurses for without nurses we can't have dispensaries or hospitals. FAR EAST.

STIMULATING STATISTICS

There are eleven millions of baptised Catholics in the missions. The greatest numbers are in South India, Indo-China, North China, Central Africa and the islands off the coast of Africa.

The average yearly increase of Catholics is 300,000.

In Japan, where modern materialism has taken root, progress is slow. Also in South China on account of revolutionary and anti-foreign sentiments. In the north of India, North Africa and Malay, Mohammedanism blocks more rapid advance.

At the present rate of progress there would not be a Catholic majority in China until the year 7,000, and in Japan till the year 62,000.—(ANNALS OF THE SACRED HEART, LONDON.)

[EDITOR'S NOTE: If we make a resolution (and keep it) to work with might and main during the New Year to help missionaries in different parts of the world to educate native priests, sisters and catechists, to build churches, schools and hospitals, and to assist them in other ways which they suggest to us, the day will be hastened. It is amazing what even one person, with whom the spread of the Faith is a serious and definite objective, can achieve. As God works through human means, it is not unreasonable to expect results in proportion to the prayers, sacrifices, work and general effort.]

MEDICAL MISSION PUBLICATIONS

(Continued from page 2)

ministered unto with love and skill.

Three other important publications are the yearbook of Würzburg, which was mentioned in a previous issue; the interesting monthly Medical Mission periodical of the progressive Dutch Medical Mission Board; and "L'Aide Médicale aux Missions," a quarterly publication from Belgium.

During the year many Mission Magazines carried articles on Medical Missions, notably "The Bulletin des Missions," published in Belgium, and "Catholic Missions," published at the National Office of the Propagation of the Faith in New York, which devoted a whole issue to that subject. This coming year an increase in Medical Mission literature is to be expected, especially as the Mission intention of the Apostleship of prayer for the month of July is prayer for "Medical Missionaries."

In the English language our magazine is still a lonely pioneer, and we regret that time and organization do not permit us as yet to bring the great and interesting cause of Medical Missions, which appeals to every Catholic heart, in a more comprehensive way before our readers. But, with the help of God, it will come. We are only at the beginning of a great movement.

HEALTH WORK IN RURAL CHINA

IN THE January, 1931, number of *Hygeia*, we read of encouraging plans for pioneer health work in rural China: "Rural China is a virgin field for the application of modern preventive medicine and public health measures. More than 90 per cent of the people are illiterate and most of them are poor, ignorant and superstitious, living in mud huts blackened with soot and smoke, swamped with flies, mosquitoes, bed bugs, fleas and rats. Their lives are haunted by frequent sickness and death.

Ting Hsien County, a typical rural county, 170 miles south of Peiping, has recently been chosen for the location of a health demonstration under the auspices of the Chinese National Association of the Mass Education Movement with the financial support of the Milbank Memorial Fund.

In the autumn of 1929, a small dispensary and clinics were established at Ting Hsien City, the county seat, and a survey of health conditions was begun. In the spring of 1930, vaccinations for smallpox were carried out with great success. The quarterly bulletin of the Milbank Fund summarizes the program proposed for this demonstration.

The public health activities will be extended first by selecting specific health problems for attack. These will include relief of the more common and simple ailments of the general population, health education in the normal schools, medical service by clinics and limited hospitalization, practical research into methods of water purification and other phases of sanitation; birth and death registration and notification of some communicable diseases.

At the same time local subordinate and field personnel, including sanitary inspectors, public health nurses and midwives, are to be trained and later it is hoped that the work can be extended into surrounding villages. Finally the plan includes a health center which would provide: a small infirmary, a pharmacy, a laboratory, a lecture room and library, for persons in training, and an outpatient department.

The essence of the plan is to train Chinese personnel so that the program can be put into practice by the Chinese themselves. The association, of which this health program is but one activity, has an all-Chinese staff of more than 100 persons, many of whom are graduates of American universities, former professors in Chinese universities, government officials and leaders in various activities of a philanthropic nature.

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

CATHOLIC MEDICAL MISSION HOUSE, BROOKLAND WASHINGTON, D. C., U. S. A.

The Society of Catholic Medical Missionaries is a religious community which was founded in September, 1925, with the approval of His Grace, Most Rev. Michael J. Curley, Archbishop of Baltimore.

The purpose of the Society is to work for the spread of our Holy Faith and to help the sick in foreign mission countries through the establishment of hospitals and dispensaries, medical schools and training schools for native nurses, infant welfare centers, plague camps, leper asylums and traveling dispensaries, and visiting the sick in their homes. Those who are desirous of devoting their lives to God in the service of the sick in the missions find ample scope for their generosity.

Three kinds of candidates are admitted: Those who are already professionally equipped as doctors, pharmacists, nurses, etc.

Young women who desire to take up medicine, pharmacy or nursing with the intention of devoting their profession to the care of the sick in the missions.

Those who have no medical training or do not wish to take it up, but who are desirous of helping with the non-medical activities necessarily associated with the work, such as secretarial work, housekeeping, etc. There is scope for every talent.

Address all enquiries to Dr. Anna Dengel, Catholic Medical Mission House, Brookland, Washington, D. C.

Promote Medical Missions by subscribing to "The Medical Missionary." Subscription $1 a year. Address, The Medical Missionary, Brookland, Washington, D. C.

SACRED HEART SHRINE ON THE EDGE OF OUR HILLTOP